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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***This appln claims benefit of 60/433,907 12/16/2002 *CB***\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Nwells***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance		
Verified and Acknowledged	Examiner's Signature <i>CB</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GERMANY	7	20	3

**ADDRESS**

32864

**TITLE**

Value mapping

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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